

**STATE OF GEORGIA
DEPARTMENT OF DRIVER SERVICES
REGULATORY COMPLIANCE SECTION
2206 EASTVIEW PARKWAY
P.O. BOX 80447
CONYERS, GA 30013**

Date Issued

Date Expires

**APPLICATION FOR RENEWAL OF DRIVER IMPROVEMENT
CLINIC CERTIFICATE**

ALL RENEWALS MUST BE SUBMITTED AT LEAST 30-DAYS PRIOR TO AN NO MORE
THAN 60-DAYS PRIOR TO THE DATE OF EXPIRATION

1. Name of Clinic _____

2. Is this Clinic associated in any way with a corporation? If so, please state the name of the corporation(s). **All clinic forms, including surety bond and business license, must reflect the same name and address as is listed on this application.**

3.. Names of all Owners, Partners or Corporate Officers _____

4. Contact Person _____

5. Business Address _____

6. Mailing Address _____

7. Clinic Telephone Number _____ 8. Clinic FAX Number _____

9. Current Clinic Certificate Number _____ 10. E-Mail Address _____

11. Program(s) this clinic is certified to Provide: ☐NSC ☐G.A.R.D.E. ☐AIPS
☐USA/Georgia ☐D.E.O.G.

12. Is this clinic a classroom only location? ☐Yes ☐No

13. Certificate of Completion Numbers currently in the possession of this Clinic:

14. List the name, Department-issued certificate number, program certification (i.e. G.A.R.D.E., NSC, USA, AIPS OR D.E.O.G) and certificate expiration date for all instructors employed by your clinic. Please see chart below:

Instructor Name	Instructor Certificate Number	Curriculum	Certificate Expiration Date

ATTACH THE FOLLOWING TO APPLICATION

1. A renewal fee of one-hundred dollars (\$100.00) in the form of a money order, Cashier's check or certified check. **NO PERSONAL CHECKS WILL BE ACCEPTED.**
2. Curriculum Program Renewal or Current Program Certificate (from one of the following: G.A.R.D.E., NSC, USA/Georgia, AIPS or D.E.O.G.

Important Note: You must contact this office within ten (10) days if there has been any change in Clinic ownership, partners or stockholders.

The undersigned being duly sworn states: I/we am/are the owner(s), partner(s), member of the firm or officer of said corporation or association, applying for a Driver Improvement Clinic Certificate Renewal in accordance with the provisions of the Act Effective October 15, 1978, for the purpose of instructing persons in Driver Improvement Clinics; and the answers to the foregoing questions are complete and the statements contained in this renewal are true.

Full Signature of Owner/Partner/Member/Officer	Title
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Printed Name of Person Completing this Application

Sworn to before me this _____ day of _____, _____

Notary Public (Seal Required)